

**APPLICATION FOR MEMBERSHIP WITH THE
PENTECOSTAL CHURCHES OF THE APOSTOLIC FAITH ASSOCIATION, INTERNATIONAL
723 SOUTH 45TH STREET
LOUISVILLE, KENTUCKY 40211
OFFICE NUMBER: 502-778-7948
FAX NUMBER: 502-778-0638**

FEE: \$25.00

Church Name _____

Church Address _____

City _____ State _____ Zip _____

Church Phone () _____

Pastors Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

We, Members of _____
Church do hereby apply for membership in the Pentecostal Churches of the Apostolic Faith
Association, Int. We will support Righteousness and True Holiness according to the Doctrine
of the Apostles and are willing to abide by the Laws of the said Corporation.

The above statement was passed by a majority of the members present at a
Regular/Call Meeting of said Church on _____, 20 _____.

Secretary _____

Pastor _____

Assistant Pastor _____

Deacon/Trustees _____

Diocesan Bishop _____ District Elder _____

PENTECOSTAL CHURCHES OF THE APOSTOLIC FAITH ASSOCIATION, INT.

Profile of Pastor

Pastor's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone: Home () _____ **Office ()** _____

Church Name _____

Address _____

City _____ **State** _____ **Zip** _____

Name of Former Organization _____

Address of Headquarters _____

City _____ **State** _____ **Zip** _____

Telephone () _____

Name of Former Presiding Bishop _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone () _____

Name of Former Pastor _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone () _____

Answer the following questions as accurately and completely as you can.

1. Your Birth date _____

2. The dates of (a) Water Baptism in Jesus Name _____

3. The Dates when (a) you began preaching _____

(b) You began Pastoring _____

4. Your Marital Status: Single _____ Married _____ Divorced _____

Date of Marriage _____ Date of Divorce _____

Reason for Divorce _____

5. Name of Spouse _____

6. How many children do you have? _____ Give their ages _____

7. If you work on a job, give the name of your company/agency _____

8. Are you presently a member of the PCAF? _____

9. If no, to question 8, which license/credential did you hold with your
former organization?

10. Have you ever been disfellowshipped from a church or Organization? _____

If yes, give a brief reason why you were Disfellowshipped? _____

11. Are you in accord with the Doctrine taught by the PCAF as follows?

YES	NO	DOCTRINE
_____	_____	A. New Birth consists of believing the Gospel And being born of Water (Baptism in the name of Jesus by immersion) and born of the Spirit (In filling of the Holy Ghost with the initial evidence of speaking in tongues as the Spirit of God gives utterance).
_____	_____	B. The Bible is the Word of God.
_____	_____	C. Holiness is the standard of God for the believers’ life.
_____	_____	D. Jesus is Father, Son, Holy Ghost, Three being the Fullness of the one God Who is manifested in Jesus Christ.
_____	_____	E. The Doctrine of the Trinity (ie, Three Separate Distinct Persons in the Godhead) is not biblical.
_____	_____	F. Jesus Christ died as our Savior and was buried, arose from the grave three days and three nights later with all power in heaven and earth in His hands.
_____	_____	G. Jesus Christ will return for His Church by appearing in the air on the clouds to “Catch Away” (Rapture) the Church.

12. Are you willing to submit yourself and your church membership to the teaching of the PCAF and be obedient to its leadership as it is fit in the Lord? _____

Your Signature **Date**